



**MASSHEALTH DOULA PROVIDER  
APPLICATION SUPPLEMENT: FORMAL TRAINING PATHWAY  
TRAINING INFORMATION AND ATTESTATION FORM**

APPLICATION TRACKING NUMBER (ATN)				

Commonwealth of Massachusetts | Executive Office of Health and Human Services | [www.mass.gov/masshealth](http://www.mass.gov/masshealth)

This form is to be completed and submitted by individuals applying to become MassHealth doula providers through the Formal Training Pathway (see MassHealth regulations 130 CMR 463.000: Doula Services for more information). MassHealth may contact the doula applicant for further information.

For questions about this form or the MassHealth doula program, contact (800) 841-2900, TDD/TTY: 711.

**DOULA APPLICANT INFORMATION:**

Name

NPI #

**TRAINING INFORMATION:**

Name of organization(s) with which doula applicant completed formal training and/or certification

Date(s) of formal training

**NOTE:** The doula applicant must also submit a certificate of completion or other proof of doula training(s) attended.

**ATTESTATION**

By signing my name, I certify that I meet the competencies listed below to provide emotional, informational, and physical support to individuals and families during the perinatal period, regardless of the outcome of the pregnancy, including basic understanding of the following topics:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. maternal anatomy and physiology during the perinatal period, including basic fetal growth and development in each trimester of pregnancy;</li> <li>2. common medical interventions during pregnancy, childbirth, and the postpartum period;</li> <li>3. common potential complications associated with pregnancy, childbirth, and the postpartum period, including but not limited to:             <ol style="list-style-type: none"> <li>a. pregnancy and infant loss;</li> <li>b. mental health conditions, including perinatal mood and anxiety disorders (PMADs);</li> <li>c. substance use disorder (SUD); and</li> <li>d. high blood pressure;</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>4. labor and delivery comfort measures;</li> <li>5. best practices for supporting clients in advocating for their needs and making informed decisions using a trauma-informed approach; and</li> <li>6. basic newborn care, including the fundamentals of breastfeeding/chestfeeding.</li> </ol> |
|---|---|

Signature:

Date:

The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

Please submit the completed form along with your enrollment application package to the following fax number or mailing address.

**Fax:** (617) 988-8974

**Mail:** MassHealth Provider Enrollment and Credentialing  
PO Box 278  
Quincy, MA 02171-0278

If you have any questions about the enrollment process, please email [PEC@Maximus.com](mailto:PEC@Maximus.com). For general questions, you may contact MassHealth by email at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com). Please note: These email boxes are only for general questions. They are not secure. Please do not send documents to these email boxes, or include any personal health information (PHI) or personally identifiable information (PII). You may also call (800) 841-2900, TDD/TTY: 711.